UNITED STATES TAX COURT

APPLICATION FOR ADMISSION TO PRACTICE FOR NON-ATTORNEYS

	mit the following:			
1 I was born in		On		
1. 1 was bolli iii	(City and State)	, on	(Date of Birth)	
2. I reside at	(Number—Street)	,		
	(Number—Street)		(City)	
(County)	(State, ZIP Code	Number)		
3. My office address is	(Number—Street)	,		
(County)		ZIP Code Number)		
d my email address (required)	is	(Email Address REO	UIRED)	
4. My education has been a	is follows:	(Email Fiduless, FEQ	CIACLO)	
(a) Highest grade comple	eted in elementary or high s	chool		
If graduated, give da	ate			
(b) Conege of university	degrees field			
Give name of school	l and year degree was receiv	red		
	led or special training receiv	zed		
(c) Other schools attend				
(c) Other schools attend	icu, or special training recer			
	ficates received			
Give dates and certif	ficates received			by
Give dates and certificate 5. I was issued a certificate	ficates receivedand authorized to practice	as a	(Name of Profession)	
Give dates and certificate 5. I was issued a certificate	ficates receivedand authorized to practice	as a		
Give dates and certificate 5. I was issued a certificate	ficates received and authorized to practice : (Name of Board or Commission)	as a of the S	(Name of Profession) tate of	
Give dates and certificate 5. I was issued a certificate the	ficates received and authorized to practice : (Name of Board or Commission) day of	of the So	(Name of Profession) tate of	
Give dates and certificate 5. I was issued a certificate the 6. My specific training and	ficates received and authorized to practice : (Name of Board or Commission) day of experience which would ten	of the So , Certificate No and to qualify me to pro	(Name of Profession) tate of o ovide competent representation	
Give dates and certificate 5. I was issued a certificate the 6. My specific training and	ficates received and authorized to practice : (Name of Board or Commission) day of experience which would ten	of the So , Certificate No and to qualify me to pro	(Name of Profession) tate of o ovide competent representation	
Give dates and certificate 5. I was issued a certificate the 6. My specific training and ourt include:	ficates received and authorized to practice : (Name of Board or Commission) day of experience which would ten	as a of the So , Certificate No and to qualify me to pro	(Name of Profession) tate of o ovide competent representation	ı befo

8. I been denied admission to o	or suspended or disbarred from practice before a court of a
State, Territory or District of the United States, or	any United States Court, Department or Agency;
further, there now pending ag	ainst me an action of the type described. (If statement is
affirmative, attach a full statement of facts.)	
9. I had an action had an action	of a disciplinary nature taken against me for wrongful act
or misconduct as a member of the bar; further, the	ere now pending against me an action of
the type described. (If statement is affirmative, att	tach a full statement of facts.)
10. I been co	onvicted of a violation of a Federal tax law or of an
indictable crime; further, there	now pending against me any such criminal action. (If
statement is affirmative, attach a full statement of	facts.)
applicant, and his or her opinion of the qualification treat such letter as a confidential communication.)	ons of the applicant to practice before the Court. The Court will
(Name)	(Address)
(Name)	(Address)
	clare under penalty of perjury that I am the person named in the fore the United States Tax Court and that the statement of facts
	(Signature of Applicant)
	(Printed Name)
	((Area Code) Telephone No.)
	(Email Address, REQUIRED)
	(Date)

After you have printed your completed application, sign it with your original signature. Then, scan and save it as a .pdf file and email it to TaxCourtExam2021@ustaxcourt.gov.

The NON-REFUNDABLE examination fee of \$150.00 must be paid through Pay.gov.